



## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No. YOR920030274US1

Customer No.: 22032

As below named inventors, we hereby declare that:

Our residences, post office addresses and citizenships are as stated below next to our respective names.

We believe we are the original and first joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### **A METHOD OF FORMING CLOSED AIR GAP INTERCONNECTS AND STRUCTURES FORMED THEREBY**

the specification of which

(check one) \_\_\_\_\_ is attached hereto.

XXX was filed on September 19, 2003 as Application Serial No. 10/666,565 and was amended on \_\_\_\_\_ (if applicable).

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to us to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

We hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>	<u>Priority Claimed</u>
_____ (Number)                      (Country)                      (Day/Mon/Year Filed)	___ Yes ___ No
_____ (Number)                      (Country)                      (Day/Mon/Year Filed)	___ Yes ___ No
_____ (Number)                      (Country)                      (Day/Mon/Year Filed)	___ Yes ___ No

We hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status - patent, pend., abandon.)

(Application Serial No.)

(Filing Date)

(Status - patent, pend., abandon.)

POWER OF ATTORNEY: As named inventors, we hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

<u>NAMES</u>	<u>REGISTRATION NUMBERS</u>
Kevin M. Jordon	40,277
Christopher A. Hughes	26,914
John E. Hoel	26,279
Joseph C. Redmond	18,753
Douglas W. Cameron	31,596
Louis P. Herzberg	41,500
Stephen C. Kaufman	29,551
Daniel P. Morris	32,053
Paul J. Otterstedt	37,411
Louis J. Percello	33,206
Robert M. Trepp	25,933
Thu Ann Dang	41,544
Derek S. Jennings	41,473
Gail H. Zarick	43,303
Richard M. Ludwin	33,010
Alison D. Mortinger	39,306
Timothy M. Farrell	37,321
Wan Yee Cheung	42,410

<u>SEND CORRESPONDENCE TO:</u>	<u>DIRECT TELEPHONE CALLS TO:</u>
Paul D. Greeley Ohlandt, Greeley, Ruggiero & Perle, L.L.P. One Landmark Square, 10th Floor Stamford, Connecticut 06901-2682	Paul D. Greeley, Esq. Telephone: (203) 327-4500 Telefax: (203) 327-6401

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR	LAST NAME <b>SAENGER</b>	FIRST NAME <b>KATHERINE</b>	MIDDLE NAME <b>L</b>
RESIDENCE & CITIZENSHIP	CITY <b>OSSINING</b>	STATE OR COUNTRY <b>NEW YORK</b>	CITIZENSHIP <b>US</b>
POST OFFICE ADDRESS	P.O. ADDRESS <b>115 UNDERHILL ROAD</b>	CITY & STATE <b>OSSINING, NEW YORK</b>	ZIP CODE <b>10562</b>

Inventor's signature *Katherine L. Saenger*  
**Katherine L. Saenger**

Date Nov 17, 2003

FULL NAME OF INVENTOR	LAST NAME <b>SURENDRA</b>	FIRST NAME <b>MAHESWARAN</b>	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY <b>CROTON-ON-HUDSON</b>	STATE OR COUNTRY <b>NEW YORK</b>	CITIZENSHIP <b>US</b>
POST OFFICE ADDRESS	P.O. ADDRESS <b>64 GRAND STREET</b>	CITY & STATE <b>CROTON-ON-HUDSON, NEW YORK</b>	ZIP CODE <b>10520</b>

Inventor's signature *M. Surendra*  
**Maheswaran Surendra**

Date Nov 25, 2003

FULL NAME OF INVENTOR	LAST NAME <b>KARECKI</b>	FIRST NAME <b>SIMON</b>	MIDDLE NAME <b>M</b>
RESIDENCE & CITIZENSHIP	CITY <b>POUGHKEEPSIE</b>	STATE OR COUNTRY <b>NEW YORK</b>	CITIZENSHIP <b>US</b>
POST OFFICE ADDRESS	P.O. ADDRESS <b>1B JACKMAN DRIVE</b>	CITY & STATE <b>POUGHKEEPSIE, NEW YORK</b>	ZIP CODE <b>12603</b>

Inventor's signature \_\_\_\_\_  
**Anna Karecki for Simon M. Karecki**

Date \_\_\_\_\_, 2003

FULL NAME OF INVENTOR	LAST NAME <b>NITTA</b>	FIRST NAME <b>SATYA</b>	MIDDLE NAME <b>V</b>
RESIDENCE & CITIZENSHIP	CITY <b>POUGHQUAG</b>	STATE OR COUNTRY <b>NEW YORK</b>	CITIZENSHIP <b>INDIA</b>
POST OFFICE ADDRESS	P.O. ADDRESS <b>118 ROOSEVELT DRIVE</b>	CITY & STATE <b>POUGHQUAG, NEW YORK</b>	ZIP CODE <b>12570</b>

Inventor's signature \_\_\_\_\_

**Satya V. Nitta**

Date 11/17/2003

FULL NAME OF INVENTOR	LAST NAME <b>PURUSHOTHAMAN</b>	FIRST NAME <b>SAMPATH</b>	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY <b>YORKTOWN HEIGHTS</b>	STATE OR COUNTRY <b>NEW YORK</b>	CITIZENSHIP <b>US</b>
POST OFFICE ADDRESS	P.O. ADDRESS <b>2075 LAVOIE COURT</b>	CITY & STATE <b>YORKTOWN HEIGHTS, NEW YORK</b>	ZIP CODE <b>10598</b>


Inventor's signature \_\_\_\_\_

**Sampath Purushothaman**

Date Nov 17, 2003

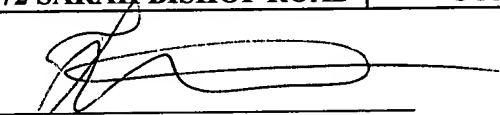
FULL NAME OF INVENTOR	LAST NAME <b>COLBURN</b>	FIRST NAME <b>MATTHEW</b>	MIDDLE NAME <b>E</b>
RESIDENCE & CITIZENSHIP	CITY <b>HOPEWELL JUNCTION</b>	STATE OR COUNTRY <b>NEW YORK</b>	CITIZENSHIP <b>US</b>
POST OFFICE ADDRESS	P.O. ADDRESS <b>41 FAIRVIEW ROAD</b>	CITY & STATE <b>HOPEWELL JUNCTION, NEW YORK</b>	ZIP CODE <b>12533</b>

Inventor's signature

  
**Matthew E. Colburn**
Date 11/17, 2003

FULL NAME OF INVENTOR	LAST NAME <b>DALTON</b>	FIRST NAME <b>TIMOTHY</b>	MIDDLE NAME <b>J</b>
RESIDENCE & CITIZENSHIP	CITY <b>RIDGEFIELD</b>	STATE OR COUNTRY <b>CONNECTICUT</b>	CITIZENSHIP <b>US</b>
POST OFFICE ADDRESS	P.O. ADDRESS <b>72 SARAH BISHOP ROAD</b>	CITY & STATE <b>RIDGEFIELD, CONNECTICUT</b>	ZIP CODE <b>06887</b>

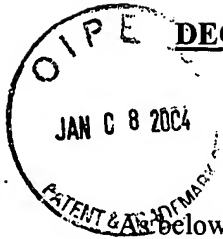
Inventor's signature

  
**Timothy J. Dalton**
Date 11/25, 2003

FULL NAME OF INVENTOR	LAST NAME <b>HUANG</b>	FIRST NAME <b>ELBERT</b>	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY <b>TARRYTOWN</b>	STATE OR COUNTRY <b>NEW YORK</b>	CITIZENSHIP <b>US</b>
POST OFFICE ADDRESS	P.O. ADDRESS <b>21 CHURCH STREET</b>	CITY & STATE <b>TARRYTOWN, NEW YORK</b>	ZIP CODE <b>10591</b>

Inventor's signature

  
**Elbert Huang**
Date 11/17, 2003



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Date \_\_\_\_\_, 2003

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POST OFFICE ADDRESS	P.O. ADDRESS  <b>72 SARAH BISHOP ROAD</b>	CITY & STATE <b>RIDGEFIELD, CONNECTICUT</b>	ZIP CODE  <b>068877</b>

Inventor's signature \_\_\_\_\_  
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Date \_\_\_\_\_, 2003

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Date \_\_\_\_\_, 2003



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Inventor's signature

*Anna Karecki*  
Anna Karecki for Simon M/ Karecki

Date

*11/17/*, 2003

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POST OFFICE ADDRESS	P.O. ADDRESS <b>118 ROOSEVELT DRIVE</b>	CITY & STATE <b>POUGHQUAG, NEW YORK</b>	ZIP CODE <b>12570</b>

Inventor's signature

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Date

, 2003

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Inventor's signature

Sampath Purushothaman

Date

, 2003

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POST OFFICE ADDRESS	P.O. ADDRESS  <b>115 UNDERHILL ROAD</b>	CITY & STATE <b>OSSINING, NEW YORK</b>	ZIP CODE  <b>10562</b>

Inventor's signature \_\_\_\_\_  
**Katherine L. Saenger**

Date \_\_\_\_\_, 2003

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POST OFFICE ADDRESS	P.O. ADDRESS  <b>64 GRAND STREET</b>	CITY & STATE <b>CROTON-ON-HUDSON, NEW YORK</b>	ZIP CODE  <b>10520</b>

Inventor's signature \_\_\_\_\_  
**Maheswaran Surendra**

Date \_\_\_\_\_, 2003

I HEREBY ATTEST THAT THIS IS A CERTIFIED COPY FROM THE REGISTER OF DEATH AS KEPT IN THE TOWN OF Poughkeepsie, COUNTY OF DUTCHESS, STATE OF NEW YORK. DATED THE 29th day of October, 2003 REGISTRAR OF VITAL RECORDS Susan G. Miller

TIME OF DEATH: 5:00 PM DATE OF DEATH: 10/29/2003

RECORDED DISTRICT  
1363  
REGISTER/NUMBER  
185

DEPARTMENT OF HEALTH  
CERTIFICATE  
OF DEATH

RESIDENCE

1. NAME: FIRST Simon		MIDDLE	LAST Karecki	2. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	3A. DATE OF DEATH: MONTH DAY YEAR 05 13 2003	3B. HOUR: 5:00 P
4A. PLACE OF DEATH: (Check only one) HOSPITAL DOA ER HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE OTHER (Specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				4B. IF FACILITY, DATE ADMITTED MONTH DAY YEAR 05 17 2000		
4C. NAME OF FACILITY: (If not facility, give address) St. Francis Hospital				4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Poughkeepsie		4E. COUNTY OF DEATH: Dutchess
4F. MEDICAL RECORD NO. 615044		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				
5. DATE OF BIRTH: MONTH DAY YEAR 09 22 XXXXX		6A. AGE IN YEARS: 28 yrs.	6B. IF UNDER 1 YEAR ENTER: months days	6C. IF UNDER 1 DAY ENTER: hours minutes	7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Poland	
8. SERVED IN U.S. ARMED FORCES? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Specify years)		9. RACE: (Black, White, etc.) White		10. HISPANIC ORIGIN? (If yes, specify) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		11. DECEDENT'S EDUCATION (Enter only the highest year of school completed. Do not circle range; enter specific number of years.) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 5+
12. SOCIAL SECURITY NUMBER: 119-68-0277		13. MARITAL STATUS: NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name.		
15A. USUAL OCCUPATION: (Do not enter retired) Advisory Development Engineer		15B. KIND OF BUSINESS OR INDUSTRY: Computers		15C. NAME AND LOCALITY OF COMPANY OR FIRM: IBM, Fishkill, NY		
16A. RESIDENCE: (State or Country if not USA) New York		16B. County or Region/Province if not USA Dutchess		16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Poughkeepsie		16F. IF CITY OR VILLAGE, RESIDENCE WITHIN CITY C VILLAGE LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> SPECIFY TOWN:
16D. STREET AND NUMBER OF RESIDENCE: 1B Jackman Dr.				16E. ZIP CODE: 12603		
17. NAME OF FATHER: FIRST MI LAST Richard Karecki		18. MAIDEN NAME OF MOTHER: FIRST MI LAST Anna Kuska				
19A. NAME OF INFORMANT: Anna Karecki		19B. MAILING ADDRESS: (Include zip code) 152 Monitor St. Brooklyn, NY 11221				
20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) MONTH DAY YEAR Burial 05 13 XXXXX		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Parish Cemetery		20C. LOCATION: (City or town and state) Bochnia, Poland		
21A. NAME AND ADDRESS OF FUNERAL HOME: Stokierski-Lucas Gardenview Funeral Home Ltd.		161 Driggs Ave. Brooklyn, NY 11222		21B. REGISTRATION NUMBER: 01816		
22A. NAME OF FUNERAL DIRECTOR: Peter M. Frisolone		22B. SIGNATURE OF FUNERAL DIRECTOR: Peter M. Frisolone		22C. REGISTRATION NUMBER: 01793		
23A. SIGNATURE OF REGISTRAR: Susan G. Miller		23B. DATE FILED: MONTH DAY YEAR 05 13 XXXXX		24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Susan G. Miller		24B. DATE ISSUED: MONTH DAY YEAR 05 13 2003
ITEMS 25 A-E THRU 33 COMPLETED BY CERTIFYING PHYSICIAN — OR — ITEMS 25 F-K THRU 33 COMPLETED BY CORONER OR MEDICAL EXAMINER						
25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE: MONTH DAY YEAR XX XX XXXXX				25F. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS, AS I FELT NECESSARY, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE AND TITLE: <i>Susan G. Miller</i> MEDICAL EXAMINER		
25B. THE PHYSICIAN ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR XX XX XXXXX XX XX XXXXX		25C. LAST SEEN ALIVE BY ATTENDANT: MONTH DAY YEAR XX XX XXXXX		25G. PRONOUNCED DEAD ON: MONTH DAY YEAR 05 13 2003		
25D. NAME OF ATTENDING PHYSICIAN: NA				25H. HOUR: 5 P		
25E. ATTENDING PHYSICIAN LICENSE NUMBER				25I. DATE SIGNED: MONTH DAY YEAR 05 17 2000		
26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A or 25F: Anthony J. Talaro, MD 8900 Ave. Loc NY 12603				25J. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER: 25K. ME/COR. PHYS. LICENSE NUMBER 105219		
27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>		29A. AUTOPSY? NO <input type="checkbox"/> YES <input type="checkbox"/> REFUSED <input type="checkbox"/>
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>						
CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL						
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))						
PART I. IMMEDIATE CAUSE: (A) Fracture of 3 vertebrae & transection of spinal cord DUE TO OR AS A CONSEQUENCE OF: (B) massive subarachnoid hemorrhage DUE TO OR AS A CONSEQUENCE OF: (C)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):						
31A. IF INJURY, DATE: MONTH DAY YEAR 05 13 XXXXX		31B. INJURY LOCALITY: (City or town and county and state) Newburgh, NY		31C. DESCRIBE HOW INJURY OCCURRED: MVA		
31D. PLACE OF INJURY: Newburgh, NY		31E. INJURY AT WORK? NO <input type="checkbox"/> YES <input type="checkbox"/>		32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 8 MONTHS? NO <input type="checkbox"/> YES <input type="checkbox"/>
33B. DATE OF DELIVERY: MONTH DAY YEAR XX XX XXXX						



SURROGATE'S COURT OF THE STATE OF NEW YORK  
DUTCHESS COUNTY

CERTIFICATE OF APPOINTMENT OF FIDUCIARY

File No. 90899/2001

IT IS HEREBY CERTIFIED that Letters in the Estate of the decedent named below have been granted by this Court as follows:

NAME OF DECEDENT: Simon M. Karecki  
DOMICILE OF DECEDENT: Town Of Poughkeepsie  
DATE OF DEATH: May 13, 2001  
FIDUCIARY(S) TO WHOM  
LETTERS ARE ISSUED: Anna Dorota Karecka  
TYPE OF LETTERS ISSUED: LETTERS OF ADMINISTRATION  
DATE LETTERS ISSUED: July 6, 2001  
LIMITATIONS ON LETTERS: NONE


and such letters are unrevoked and in full force as of this date.

Dated: July 6, 2001

IN TESTIMONY WHEREOF, the seal of the  
Surrogate's Court of Dutchess County has been  
affixed.

L.S.

WITNESS: Hon. James D. Pagones, Surrogate of  
the County of Dutchess.

  
\_\_\_\_\_  
Chief Clerk of the Surrogate's Court

THIS CERTIFICATE IS NOT VALID WITHOUT THE RAISED SEAL OF THE COURT

Note: SCPA 710 PROVIDES IN PART: "4. No fiduciary shall remove property of the estate without the state without the prior approval of the Court and upon filing a bond if required by the Court.")



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re applications: Colburn et al.

Serial No.: 10/666,564

Filing Date: September 19, 2003

For: A METHOD OF FORMING CLOSED AIR GAP INTERCONNECTS  
AND STRUCTURES FORMED THEREBY

Customer No.: 22032

Attorney Docket: YOR920030274US1

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**DECLARATION BY REPRESENTATIVE FOR DECEASED**

I, Mrs. Anna Dorothy Karecki, hereby declare that I am a citizen of the United States residing at 152 Monitor Street, Brooklyn, New York 11222, and that I am executing and signing the accompanying Declaration and Power of Attorney, and Assignment as:

- ☐ the administratrix of  
☐ the executrix of the last will and testament of  
☒ the legal representative (or heirs) of

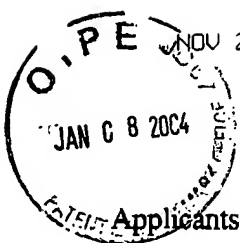
Full name of deceased inventor: Simon M. Karecki  
Country of citizenship of deceased inventor: United States  
Residence of deceased inventor: 1B Jackman Drive  
Poughkeepsie, New York 12603  
Post office address of deceased inventor: Same as above

That, upon information and belief, I aver those facts that the inventor is required to state.

Date

11/17/2003

Signature of Mrs. Anna Dorothy Karecki

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Colburn et al.

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Examiner: Not yet assigned Art Unit:

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IBM Corporation  
T. J. Watson Research Center  
Route 134, Box 218  
Yorktown Heights, NY 10598

ASSOCIATE POWER OF ATTORNEY

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

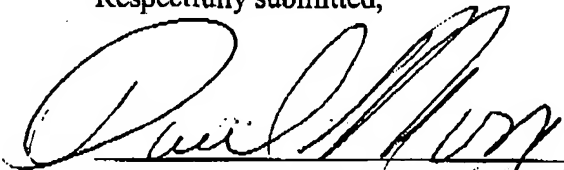
Please recognize Paul D. Greeley, Reg. No. 31,019 and Charles N. J. Ruggiero, Reg. No. 28,468 of the law firm Ohlandt, Greeley, Ruggiero & Perle, L.L.P. with offices at One Landmark Square, 10th Floor, Stamford, Connecticut 06901-2682, as an attorney, with full and complete powers to prosecute this patent application and to transact all business in the Patent and Trademark Office connected therewith.

Please continue to address all correspondence to:

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Respectfully submitted,

Date: 11-21, 2003

  
Name: Daniel P. Morris, Esq.  
Reg. No.: 32,053 (IBM's Attorney)